HI GHLAND HEALTH CARE 2997 ST. ANTHONY DRIVE

GREEN BAY Phone: (920) 468-0734 Ownershi p: Corporati on 54311 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 53 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 58 Title 19 (Medicaid) Certified? Yes Average Daily Census: 44 Number of Residents on 12/31/01: 46 *********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	41. 3
Supp. Home Care-Personal Care	No				<u>J</u>	1 - 4 Years	54 . 3
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 2	Under 65	21.7	More Than 4 Years	4. 3
Day Services	No	Mental Illness (Org./Psy)	63. 0	65 - 74	6. 5		
Respite Care	No	Mental Illness (Other)	13. 0	75 - 84	37. 0	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	23. 9	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 2	95 & 0ver	10. 9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	ĺ	j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	2. 2	65 & 0ver	78. 3		
Transportati on	No	Cerebrovascul ar	8. 7	[`]		RNs	9. 3
Referral Service	No	Di abetes	2. 2	Sex	%	LPNs	9. 2
Other Services	Yes	Respiratory	0.0		Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	6. 5	Male	37.0	Ai des, & Orderlies	29. 9
Mentally Ill	No			Femal e	63. 0		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No		ate ate ate ate ate ate ate		100.0		to ale ale ale ale ale ale ale ale
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	2	100.0	303	31	88. 6	97	0	0.0	0	8	100.0	137	0	0.0	0	1	100.0	615	42	91. 3
Intermediate				4	11. 4	80	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	8. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100. 0		35	100.0		0	0.0		8	100.0		0	0.0		1	100.0		46	100.0

HI GHLAND HEALTH CARE

Admissions, Discharges, and	*****	**************************************	************** of Residents'	**************************************	************ ions, Services	**************************************	**************************************
Deaths During Reporting Period		`			W Nooding		Total
Percent Admissions from:		Activities of	0/,		% Needing sistance of	% Totally	Total Number of
Private Home/No Home Health	28. 9	Daily Living (ADL)	Independent		Or Two Staff	3	Resi dents
Private Home/With Home Health	1. 3	Bathi ng	0. 0	one	50. 0	50. 0	46
Other Nursing Homes	1. 3	Dressi ng	6. 5		54. 3	39. 1	46
Acute Care Hospitals	63. 2	Transferring	28. 3		39. 1	32. 6	46
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	19. 6		45. 7	34. 8	46
Rehabilitation Hospitals	0. 0	Eating	47. 8		34. 8	17. 4	46
Other Locations	5. 3		*********	******	******	*****************	******
Total Number of Admissions	76	Conti nence		%	Special Trea	tmonts	%
Percent Discharges To:	70	Indwelling Or Externa	l Cathotor	4. 3		Respiratory Care	0. 0
Private Home/No Home Health	31. 2	Occ/Freq. Incontinent		63. 0		Tracheostomy Care	0. 0
Private Home/With Home Health	2. 6	0cc/Freq. Incontinent		50. 0		Suctioning	0. 0
Other Nursing Homes	14. 3	occ, freq. Theonernene	or bower	00.0		Ostomy Care	4. 3
Acute Care Hospitals	11. 7	Mobility				Tube Feeding	0. 0
Psych. Hosp MR/DD Facilities	0. 0	Physically Restrained		4. 3		Mechanically Altered Diets	
Rehabilitation Hospitals	0. 0	Injereury neserumen		1. 0	incoor ving		2010
Other Locations	15. 6	Skin Care			Other Reside	nt Characteristics	
Deaths	24. 7	With Pressure Sores		6. 5		ce Directives	80. 4
Total Number of Discharges	, -	With Rashes		0. 0	Medi cati ons		
(Including Deaths)	77					Psychoactive Drugs	76. 1

Selected Statistics: This raciffty compared to All Similar Metropolitan Area Facilities & compared to All Facilities

	This Facility		Ownershi p: Propri etary Peer Group		Si ze: - 99 Group	Li censure: Skilled Peer Group		Al l Faci l	l lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	75. 2	82. 7	0. 91	85. 1	0. 88	84. 3	0. 89	84. 6	0. 89		
Current Residents from In-County	95. 7	82. 1	1. 16	80. 0	1. 20	82. 7	1. 16	77. 0	1. 24		
Admissions from In-County, Still Residing	25. 0	18. 6	1. 34	20. 9	1. 20	21. 6	1. 16	20. 8	1. 20		
Admissions/Average Daily Census	172. 7	178. 7	0. 97	144. 6	1. 19	137. 9	1. 25	128. 9	1. 34		
Discharges/Average Daily Census	175. 0	179. 9	0. 97	144. 8	1. 21	139. 0	1. 26	130. 0	1. 35		
Discharges To Private Residence/Average Daily Census	59. 1	76. 7	0. 77	60. 4	0. 98	55. 2	1.07	52. 8	1. 12		
Residents Receiving Skilled Care	91. 3	93. 6	0. 98	90. 5	1. 01	91.8	0. 99	85. 3	1. 07		
Residents Aged 65 and Older	78. 3	93. 4	0. 84	94. 7	0. 83	92. 5	0. 85	87. 5	0. 89		
Title 19 (Medicaid) Funded Residents	76. 1	63. 4	1. 20	58. 0	1. 31	64. 3	1. 18	68. 7	1. 11		
Private Pay Funded Residents	17. 4	23. 0	0. 75	32. 0	0. 54	25. 6	0. 68	22. 0	0. 79		
Developmentally Disabled Residents	2. 2	0. 7	3. 10	0. 9	2. 38	1. 2	1.85	7. 6	0. 29		
Mentally Ill Residents	76. 1	30. 1	2. 53	33. 8	2. 25	37. 4	2.04	33. 8	2. 25		
General Medical Service Residents	6. 5	23. 3	0. 28	18. 3	0. 36	21. 2	0.31	19. 4	0. 34		
Impaired ADL (Mean)	57. 8	48. 6	1. 19	48. 1	1. 20	49. 6	1. 17	49. 3	1. 17		
Psychol ogi cal Problems	76. 1	50. 3	1. 51	51. 0	1. 49	54. 1	1.41	51. 9	1. 47		
Nursing Care Required (Mean)	4. 9	6. 2	0. 79	6. 0	0. 81	6. 5	0. 75	7. 3	0. 67		